



## **External Services Scrutiny Committee response to Healthcare for London (HfL) consultation and submission to the Joint Overview & Scrutiny Committee (JOSC)**

28<sup>th</sup> February 2008

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### Introduction

The External Services Scrutiny Committee has the remit to scrutinise health services provided to residents of the London Borough of Hillingdon. The Committee holds the statutory health scrutiny powers conferred by the Health & Social Care Act 2001 and the NHS must consult the Committee on proposed substantial changes to local health services.

The Committee's Chairman – Cllr Mary O'Connor – is Hillingdon's representative on the Joint Overview & Scrutiny Committee (JOSC) that has been established to respond to the consultation on the Healthcare for London (HfL) proposals.

To complement the strategic work of the JOSC the External Services Scrutiny Committee, like many other Borough Overview & Scrutiny Committees (OSCs), examined some of the local implications of HfL.

Overview & Scrutiny is distinct to the Executive of the local authority and this submission does not prevent Hillingdon Council's Cabinet from responding to the consultation.

### Polyclinics and access to GP services

GPs are at the heart of the NHS and are many people's only or main contact with the NHS. It is therefore essential that GP services are accessible both in terms of distance from people's homes and also the hours in which these services are available.

Although the latest published GP Patient Survey presents positive findings in terms of GP practice accessibility in Hillingdon, the survey highlights significant differences across the



Borough.<sup>1</sup> The Committee therefore give qualified support to the proposals in HfL to improve accessibility of GP services through longer opening hours and a potentially greater range of services being provided at GP surgeries.

However, Hillingdon is a geographically large Borough and it is vital to ensure that vulnerable people are easily able to travel to their GP surgery. The initial HfL report stated that polyclinics may be 2 kilometres away from people's homes and the Committee feel that this could present problems for some of the most intensive users of GP services (e.g. the elderly and young mothers) who may not have access to a car and would not be able to walk the extra distance from an existing small GP practice to a larger polyclinic in the future.

The Committee therefore support a flexible approach that involves the establishment of polyclinics in areas where existing GP services are deficient or located in poor-quality buildings, while in other areas enabling high performing GP practices to work together in networks to deliver the benefits of polyclinics (e.g. longer hours and greater range of services) without the need to physically relocate popular GP services to more distant new polyclinics. The Committee believe that a solution must enable people to access a local GP of their choice if they are prepared to wait longer for an appointment, while also enabling greater choice for those who are more flexible.

Many patients do not understand or expect a distinction between 'health' and 'social' care services and polyclinics present the opportunity to improve the patient experience by reducing this distinction. The Committee are pleased to note that health and social care providers in Hillingdon are already discussing how closer working could realise the benefits of polyclinics if the model is to proceed in areas where existing GP provision is deficient.

### Specialisation of care for complex urgent conditions

The Healthcare for London consultation proposes that certain complex conditions could in future be provided in a small number of specialist hospitals. The Committee wish to highlight that this type of specialisation is already taking place and patients with certain conditions are not always taken to their nearest Accident & Emergency (A&E) department. For example, patients with a particular type of blocked artery in Hillingdon and the surrounding area are now taken directly to Harefield Hospital to receive primary angioplasty rather than the traditional drug based treatment in their local A&E department. This specialist treatment involves inserting a small balloon to unblock the artery and has a much lower mortality rate compared to the traditional treatment.<sup>2</sup>

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<sup>1</sup> Results from the GP Patient Survey indicated the ability to access a GP within 48 hours varied from 60% of respondents in some practices across Hillingdon to over 90% in others.

<sup>2</sup> The Committee have been advised by the Royal Brompton & Harefield NHS Trust that the 30-day mortality rate for direct admissions for primary angioplasty (i.e. patients taken by the LAS directly to Harefield) between 2004 and 2006 was very low at 2.9% (7 patients out of 239). This compares with a 30-day mortality rate of 9% for the conventional thrombolysis treatment.

However, this does not mean that centralisation is necessarily appropriate for all areas of complex care. Each proposal for specialisation will need to be considered separately for each care pathway and the benefits of centralisation may differ between different conditions. Centralisation must only take place where there is clear clinical evidence that this will improve patient care.

Significantly, it will not be possible to implement the HfL proposals without understanding the impact on other areas of the NHS. The London Ambulance Service (LAS) have been central to the success of Harefield's primary angio-plasty service; similar care pathways for other conditions will require the LAS to be able to identify patients suitable for direct admission to specialist hospitals and then supporting the patient during this (often longer) transfer. It will also be necessary to understand the impact of these new care pathways on the finances of existing local hospitals that will cease to treat such conditions.

### Mental health

Mental health is often seen as the 'cinderella' service of the NHS and it was disappointing that the initial HfL review did not give these vital services sufficient attention. The Committee are therefore pleased that further work is underway to identify how London's mental health services can continue to develop in order to meet future needs.

The Committee strongly agree with the HfL consultation document that further investment is required in talking therapies and believe that these are likely to be more successful and cost effective than drug-based treatment. The Committee also highlight the comments of the Chief Executive of the local mental health trust that mental health services are in many ways 'ahead of the game' in terms of developing services along the principles outlined in HfL: i.e. the vast majority of mental health services are now provided in the community rather than in large in-patient institutions.

Mental illness is often related to other factors (e.g. physical health, housing, employment) and the Committee believe that mental health would benefit from being located in polyclinics. This co-location will help overcome stigmatisation of mental health services.

### Turning the vision into reality: balancing the short/medium term with the long term

Contrary to some of the more dramatic media reports, the HfL review does not mean the end of the local hospital and proposes that local hospitals will continue to provide a significant, albeit potentially different, amount of care.

The quality of hospital buildings varies across London and many hospitals – including Hillingdon's – are seeking to redevelop or rebuild their facilities. The Committee agree that it is essential to ensure that any such redevelopment is affordable and meets the future needs of the NHS. This may mean that redevelopment proposals need to be postponed until there is greater clarity on the future design of health services.

However, it is also important to note that HfL presents a ten year vision and not a detailed implementation plan. The Committee therefore strongly suggest that a balance must be

struck in terms of delaying substantial hospital redevelopment until greater clarity exists around the future role of hospitals and also allowing redevelopment to proceed to ensure that services are provided in safe and quality hospital facilities in the short to medium term. Careful consideration of how to provide high quality care in 15 to 20 years time must not be at the expense of patients requiring care over the next 5 to 10 years.

#### Helping people stay (and become) healthy

The Committee strongly believe that the NHS must not simply be a 'sickness service' and should help people to lead healthy lives. The Committee have taken part in a scrutiny review of obesity in Hillingdon and this highlighted that a failure to tackle growing obesity will lead to an unsustainable financial burden on the NHS. Significantly, prevention is likely to be cheaper than cure.

Despite this, the Committee note that expenditure on health promotion and helping people stay (and become) healthy often forms a very small proportion of NHS expenditure. The Committee note that this expenditure is often further reduced in times of financial difficulty: e.g. much of the funding allocated for 'choosing health' was diverted to help address Hillingdon PCT's financial deficit, in particular the funding for promoting sexual health.

The Committee believe that the NHS will only be truly able to meet the health needs of Londoners if sufficient resources are allocated to helping people stay healthy and not just treat them once health problems have occurred.

#### **In summary:**

- 1. There must be a flexible approach to providing primary care: polyclinics may have a role to play in addressing deficiencies in GP provision in certain areas but will not be appropriate for every part of London (particularly less sparsely populated areas).**
- 2. Centralisation of specialist care can lead to improved clinical outcomes in some instances. However taking patients directly to specialist hospitals will place additional demands on the London Ambulance Service and it will be essential to consider the impact of congestion on travel times.**
- 3. Mental health is a key part of the NHS and must be treated as such when planning the future shape of the NHS. Medication is only one option for treating mental illness.**
- 4. The consultation and the need to develop a long term vision for the NHS should not undermine the ability of the NHS to provide quality services to Londoners in the short to medium term.**
- 5. The NHS must commit sufficient resources to helping people lead healthy lives.**